

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **476888** (3)

1. Corporation Name  
**AGP INTERNATIONAL, INC.**



Principal Place of Business: 1801 NW 83 AVENUE MIAMI FL 33172  
Mailing Address: 1801 NW 83 AVENUE MIAMI FL 33172

3. Date Incorporated or Qualified: **05/23/1975**  
3a. Date of Last Report: **04/21/1995**  
4. FEI Number: **59-1605970**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
22. Suite, Apt. #, etc.: 27  
23. City & State: 28  
24. Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**GARCIA, EDUARDO  
13254 S.W. 13 ST.  
MIAMI FL 33184**

10. Name and Address of New Registered Agent

81. Name:  
82. Street Address (P.O. Box Number is Not Acceptable):  
83.  
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(1), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.06(6), Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>P</b>	<b>GARCIA, EDUARDO</b> <input type="checkbox"/> DELETE	1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<b>GARCIA, EDUARDO</b>	2. NAME:	
STREET ADDRESS:	<b>13254 S.W. 13 ST.</b>	3. STREET ADDRESS:	
CITY-ST-ZIP:	<b>MIAMI FL</b>	4. CITY-ST-ZIP:	
TITLE:	<b>TS</b> <input type="checkbox"/> DELETE	7. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<b>MORGAN, CEIDA PARRA</b>	8. NAME:	
STREET ADDRESS:	<b>15930 W. PRESTWICK PLACE</b>	9. STREET ADDRESS:	
CITY-ST-ZIP:	<b>MIAMI SPRINGS FL</b>	10. CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	3. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		12. NAME:	
STREET ADDRESS:		13. STREET ADDRESS:	
CITY-ST-ZIP:		14. CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		42. NAME:	
STREET ADDRESS:		43. STREET ADDRESS:	
CITY-ST-ZIP:		44. CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		52. NAME:	
STREET ADDRESS:		53. STREET ADDRESS:	
CITY-ST-ZIP:		54. CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62. NAME:	
STREET ADDRESS:		63. STREET ADDRESS:	
CITY-ST-ZIP:		64. CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or business or business provided for on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this annual report.

SIGNATURE: *Eduardo Garcia* 4-17-96 305-5931636  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)